

**WILD CARD REQUEST FORM** **BVB/02**

This form must be completed by the National Federation of the team concerned and sent to the FIVB Beach Volleyball Department **no later than 5 weeks** before the start of the event. The Wild Card request will be considered as valid only if all necessary information indicated here-below are provided correctly.

<b>GENDER</b>	<b>MEN</b> <input type="checkbox"/>	<b>WOMEN</b> <input type="checkbox"/>
<b>TOURNAMENT CATEGORY/ TOURNAMENT TITLE</b>		
<b>HOST CITY/COUNTRY</b>		

- For the **Futures category events organised in Europe**, this form must be addressed to CEV at [beach@cev.eu](mailto:beach@cev.eu) within the set timeframe and with a copy to [beachvolleyball@fivb.com](mailto:beachvolleyball@fivb.com)
- For the Futures category events organised in other confederations territory, this form must be sent to the FIVB Beach Volleyball Department at [beachvolleyball@fivb.com](mailto:beachvolleyball@fivb.com)

**The National Federation of**.....

Requests a Wild Card for the following team(s) in the above Event:

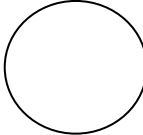
**MAIN DRAW TOURNAMENT**  **QUALIFICATION TOURNAMENT**

TEAM NAME	FIVB ID#	LAST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>	FIRST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>

**Reasons:**

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<b>NF AUTHORISED SIGNATURE</b>	<b>SEAL OF THE NF</b>	<b>PLACE AND DATE</b>
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